

The HealthGuard PPO Plan

Summary of Benefits for the Employees and Retirees of the State of Vermont

What Does “PPO” Mean?

- The term “PPO” describes a “Preferred Provider Organization” plan. The “HealthGuard PPO Plan” is a plan that is based on a national network of health care providers who have contracts with CIGNA Healthcare, our Plan Administrator.

It’s Your Choice

- You get access to quality care at the lowest out-of-pocket costs available under your plan by seeing network providers. You are not required to coordinate care through a Primary Care Physician. You also get the **freedom to choose** providers who aren’t part of the network. Your benefits are the highest when you see “preferred providers”, but you're still covered for visits to non-network providers at a higher cost share.

Important Medical Plan Features

- **New Preventive care services** for your children and any additional preventive care benefits described in the Benefits Highlights.
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**.
- The plan includes a 24-hour toll-free nurse hotline to use when you need medical information. Called the CIGNA HealthCare 24-Hour Health Information LineSM, it connects you to **registered nurses** 24 hours a day, 7 days a week. You may also access a **library** of hundreds of recorded programs on important health topics 24 hours a day, 7 days a week, from anywhere in the U.S.
- The plan also offers The CIGNA HealthCare Well-Aware Program for Better Health® to **help you manage** chronic conditions like asthma and diabetes.
- Finally, the plan is also offering The CIGNA HealthCare Healthy Babies® program which provides you with education and support to help you have a **healthy pregnancy and a healthy baby**.

More Quality Features

- **Responsive service** – CIGNA’s Member Services representatives have the authority to **solve problems** on the phone, usually on the first call.
- **Quality comes first.** Participating providers are selected carefully to make sure you have a **wide range** of Primary Care Physician’s and specialists to choose from.
- **www.cigna.com** – Visit CIGNA’s **interactive Web site** to learn more about the HealthGuard Plan and get health information, 24 hours a day. Once you are in the plan, you’ll also be able to track the status of your claims online.
- **We Speak Many LanguagesSM** CIGNA’s Language Line Services means that you can **talk with them** in 140 different languages. Just call Customer Service, and ask for an interpreter to assist you.

Drug Plan

- The program is administered by Express Scripts, Inc. The annual deductible is \$25 per covered person per year. The new plan covers 90% of the cost of generic drugs, 80% of the cost of preferred brand drugs and 60% of the cost for non-preferred brand drugs. For the 2012 Plan Year, the maximum out-of-pocket cost per individual per year is \$775 (which includes the deductible). **40% copay drugs do not contribute to the maximum out of pocket limit.** At the local pharmacy, you show you drug plan card and pay your copay; the State is automatically billed for the balance of the cost. The drug plan also features a mail order option, with the convenience of direct home delivery for long-term maintenance drugs.

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Doctor Office Visits such as: <u>Preventive Care/Well Care:</u> Periodic Physical Exams (Children and Adults) Routine Immunizations and Injections Adult/Child Medical Care for Illness or Injury Procedures performed in a Physician's Office</p>	<p>THIS TABLE SHOWS HOW MEDICALLY NECESSARY SERVICES ARE COVERED AFTER YOU HAVE MET YOUR ANNUAL MEDICAL DEDUCTIBLE.</p> <p>80% 80% 80% 80%</p>	<p>THIS TABLE SHOWS HOW MEDICALLY NECESSARY SERVICES ARE COVERED AFTER YOU HAVE MET YOUR ANNUAL MEDICAL DEDUCTIBLE.</p> <p>60% 60% 60% 60%</p>
<p>Routine Mammograms</p>	<p>100%</p>	<p>100%</p>
<p>Specialist Office Visits such as: Office Visits-Consultations and Physician Services Well Care (Includes Pap Test and PSAs) Procedures Performed in Physician's office</p>	<p>80% 80% 80%</p>	<p>60% 60% 60%</p>
<p>Inpatient Hospital Services including: Semi-Private Room and Board Physician Services Diagnostic/Therapeutic Lab and X-ray Drugs and Medication Operating and Recovery Room Radiation Therapy and Chemotherapy Anesthesia and Inhalation Therapy Inpatient Surgeon's Charges Second Surgical Opinion</p>	<p>80%</p> <p>All inpatient hospital admissions required Precertification. Call the toll free number on your CIGNA Healthcare ID Card.</p> <p>80% 80%</p>	<p>60%</p> <p>All inpatient hospital admissions required Precertification. Call the toll free number on your CIGNA Healthcare ID Card.</p> <p>60% 60%</p>
<p>Outpatient Facility Services includes: Operating Room, Recovery Room, Procedure Room and Treatment Room including: Physician Services Diagnostic/Therapeutic Lab and X-rays Anesthesia and Inhalation Therapy</p>	<p>80%</p>	<p>60%</p>
<p>Outpatient Preadmission Testing Office Visit Outpatient Facility</p>	<p>80% 80%</p>	<p>60% 60%</p>
<p>Laboratory and Radiology Services such as: MRIs, MRAs, CAT Scans and PET Scans Other Laboratory and Radiology Services</p>	<p>80% 80%</p>	<p>60% 60%</p>
<p>Short-Term Rehabilitative Therapy including Physical, Speech, Occupational and Chiropractic Therapies</p>	<p>80%</p>	<p>60%</p>
<p>Prescription Drugs For both Retail and Mail Order Drugs Combined: Annual Deductible (Separate from your medical deductible) Plan Pays Your 2012 Annual Maximum Copay, excluding deductible 2012 Maximum Out-Of-Pocket expense per year</p>	<p>\$25 per individual/\$75 per family</p> <p>90% for generic drugs, 80% for preferred brand drugs, and 60% for non-preferred brand drugs</p> <p>\$750 per person \$775 per person (\$750 maximum copays plus \$25 annual deductible), and then the plan pays 100% for the rest of the calendar year.</p>	<p>Covered in-network only</p>
<p>Emergency and Urgent Care Services Physician's Office Emergency Room, Urgent Care or Outpatient Facility Ambulance</p>	<p>80% 80% 80%</p>	<p>If true emergency, benefits are the same as the in-network benefits. If not a true emergency, benefits are paid at 60%</p>
<p>Maternity Care Services Initial Office Visit to Confirm Pregnancy All other office visits <u>Delivery</u> Hospital Charges Physician Charges</p>	<p>80% 80% 80% 80%</p>	<p>60% 60% 60% 60%</p>
<p>Inpatient Services at Other Health Care Facilities Including Skilled Nursing, Rehabilitation and Sub-Acute Facilities</p>	<p>80% - 60 days maximum per calendar year* All inpatient hospital admissions required Precertification. Call the toll free number on your CIGNA Healthcare ID Card.</p>	<p>60% - 60 days maximum per calendar year* All inpatient hospital admissions required Precertification. Call the toll free number on your CIGNA Healthcare ID Card.</p>

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Home Health Services	80%	60%
Family Planning Services Office Visits (tests, counseling) X-ray/lab if billed by separate facility Vasectomy/Tubal Ligation (excludes reversals) Inpatient Facility Outpatient Facility Surgery in Physician's Office	80% 80% 80% 80% 80%	60% 60% 60% 60% 60%
Infertility Services (Up to \$50,000 Lifetime Maximum) Office Visit (tests, counseling) X-ray/lab if billed by separate facility Treatment/Surgery (includes in-vitro fertilization, artificial insemination, GIFT and ZIFT.) Inpatient Facility/Physician's Charges Outpatient Surgical Facility/Physician's Charges In Physician's Office	80% 80% 80% 80% 80%	60% 60% 60% 60% 60%
Mental Health and Substance Abuse Precertification Required	<u>IN-NETWORK PARTICIPATING CIGNA PROVIDER</u>	<u>OUT-OF-NETWORK NON-PARTICIPATING PROVIDER</u>
Inpatient Mental Health	100%	60%
Inpatient Substance Abuse	100%	60%
Inpatient Substance Abuse Detoxification	100%	60%
Inpatient Substance Abuse Rehab Facility	100%	60%
Outpatient Mental Health	100%	60%
Marital/Family Counseling	100%	Not Covered
Outpatient Substance Abuse	100%	60%
Durable Medical Equipment	80%	60%
External Prosthetic Equipment	80%	60%
Vision Care	\$100 every two calendar years, no deductible or coinsurance, routine exams and lenses	
OTHER BENEFIT INFORMATION		
Annual Deductible Individual Family	\$300 \$600	\$500 \$1,000
Annual Out-of-Pocket Maximum Individual Family	\$2,000 plus deductible \$6,000 plus deductible	\$4,000 plus deductible \$12,000 plus deductible
Coinsurance	The plan pays 80% of eligible charges. You pay 20% of charges after the annual plan deductible.	The plan pays 60% of eligible charges. You pay 40% of charges after the annual plan deductible.
Precertification (Inpatient) for Hospital, Skilled Nursing, Rehabilitation and Sub-Acute Facilities.	Member must obtain approval	Member must obtain approval
Lifetime Maximum	Unlimited	Unlimited

Regarding In-Network and Out-of-Network services:

- Once the out-of-pocket maximum is reached, the plan pays 100% of eligible charges for the remainder of the plan year.
- All inpatient hospital admissions require Precertification and Continued Stay Review. Call the toll free number on your CIGNA HealthCare ID Card.

Regarding In-Network services: All services must be provided by one of the preferred providers on our list in order to be covered.

Regarding Out-of-Network services: Your out-of-pocket costs will be higher than with a preferred provider.

Exclusions

Your plan does not provide coverage for the following except as required by law. The following are specifically excluded services and supplies:

1. Cosmetic surgery or cosmetic therapy except as specified in the Covered Expenses section of the Certificate or Summary Plan Description.
2. Hearing aids or examinations for prescription or fitting.
3. Treatment of the teeth or peridontium unless such expenses are incurred for: (a) charges made for a continuous course of dental treatment started within six months of an injury to sound natural teeth; (b) charges made by a Hospital for Bed and Board or Necessary Services and Supplies; or (c) charges made by a free-standing surgical facility or outpatient department of a Hospital in connection with surgery.
4. Charges for or in connection with procedures to reverse sterilization.
5. Charges for replacement of external prostheses due to loss, theft or destruction; or for any biomechanical external prosthetic devices.
6. Medical and surgical services intended primarily for the treatment or control of obesity which are not medically necessary including diet supplements and appetite suppressants.
7. Services for reports, evaluations, physical examinations or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court ordered, forensic or custodial evaluations.
8. Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
9. Therapy to improve general physical condition if not medically necessary, including, but not limited to, routine, long-term chiropractic care, and rehabilitative services which are provided to reduce potential risk factors in patients in which significant therapeutic improvement is not expected.
10. Treatment for acupuncture unless performed by an M.D., N.D., or licensed provider.
11. Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, hearing aids, dentures and wigs.
12. Services for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
13. Charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected sickness or injury.
14. To the extent that payment is unlawful where the person resides when the expenses are incurred.
15. For charges which you are not obligated to pay, or for which you are not billed or for which you would not have been billed except that they were covered under this policy.
16. Charges which would not have been made if the person had no insurance.
17. To the extent that they are more than Reasonable and Customary charges.
18. Charges in connection with Custodial Services, education or training.
19. To the extent that you or any one of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid.
20. Infertility donor charges and services.
21. Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy, when eyeglasses or contact lenses may be worn.
22. Charges for supplies, care, treatment or surgery which are not considered medically necessary for the care and treatment of an injury or sickness, as determined by CIGNA HealthCare.
23. For charges made for or in connection with tired, weak or strained feet for which treatment consists of routine foot care, including but not limited to, the removal of calluses and corns or the trimming of nails unless medically necessary.
24. Services in connection with speech therapy, if such therapy is (a) used to improve speech skills that have not fully developed; (b) can be considered custodial or educational, or (c) is intended to maintain speech communication; speech therapy which is not restorative in nature will not be covered.
25. Charges made by any covered provider who is a member of your family or your Dependent's family.
26. For Experimental, Investigational or Unproven treatment methods not approved by the American Medical Association or the appropriate medical specialty society.
27. Treatment of an Injury or Sickness which is due to war, declared or undeclared.
28. Expenses incurred outside of the United States or Canada, unless you or your Dependent are a U.S. or Canadian resident and the charges are incurred while traveling on business or for pleasure.
29. Non-medical ancillary services, including, but not limited to, vocational rehabilitation, behavioral training, sleep therapy, employment counseling, driving safety and services, training or educational therapy for learning disabilities, developmental delays, autism or mental retardation.
30. Medical treatment when payment is denied by the Primary Plan because treatment was received from a Non-Participating provider.
31. To the extent of the exclusions imposed by any certification requirement shown in the Certificate or Summary Plan Description.
32. Services or supplies that are not medically necessary.
33. Services or supplies in excess of limitations or maximums set forth elsewhere in the plan.
34. (Whole) blood (benefits are provided for the administration, processing and storage of blood or its derivatives.)
35. Environmental modifications.
36. Cognitive retraining.
37. Charges for covered services incurred more than two years prior to the date a claim is filed.
38. Eye exercises or visual training.
39. Inpatient charges if you are inpatient on the effective date of your coverage.
40. Nutritional formula and medical food supplements taken orally.
41. Convenience and personal care or comfort items.
42. Charges for prescription drugs excluded from the plan.
43. Private room accommodations, unless medically necessary.
44. Support therapies, such as pastoral counseling, assertiveness training, dream therapy, music or art therapy, recreational therapy and smoking cessation therapy.
45. Telephone consultations between the provider and plan participant.
46. Travel (non-ambulance), even if prescribed by a physician (except as specifically stated under the Organ Transplant coverage.)